

**BOROUGH OF ELLWOOD CITY  
APPLICATION FOR BUILDING PERMIT**

Name of owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Address of proposed project: \_\_\_\_\_

Describe work to be done: \_\_\_\_\_

Estimated cost of project: \_\_\_\_\_

Approximate start/end date: Start \_\_\_\_\_ End \_\_\_\_\_

Lot number: \_\_\_\_\_ Ward \_\_\_\_\_ Lot size (Length x Width) \_\_\_\_\_

Work to be done by: \_\_\_\_\_

If contractor, Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Workmen's Compensation Certificate (**Attach**)

Signature: \_\_\_\_\_

The owner \_\_\_\_\_ contractor \_\_\_\_\_ (**check one**) will remove and dispose of all materials resulting from the work.

I/We \_\_\_\_\_ am/are the owner(s) of the property for which this permit is being applied, and I/we have read all requirements for this permit, and verify the statements and information furnished herewith are true and correct. I/We understand that false statements herein are made subject to the penalties of 18 PA C.S.A. & 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature of owner(s)

\_\_\_\_\_  
Date

**A PLOT PLAN MUST ACCOMPANY APPLICATION INDICATING:**

- A. Length and width of lot, name of abutting streets and property owners.*
- B. Distance from side, front and rear property lines to existing and proposed structures, additions, garages, porches, decks, swimming pool, sheds, etc.*
- C. Dimensions of all existing and proposed structures, additions, porches, decks, pools, sheds, etc.*

**ANY CHANGES MADE AFTER THE ORIGINAL PLANS WERE APPROVED  
MUST BE RESUBMITTED TO THE ZONING OFFICER**

**ALL INFORMATION REQUESTED MUST BE FURNISHED BEFORE THIS APPLICATION CAN BE PROCESSED.**

- a. Please list dimensions and type of materials to be used for foundation, walls, roofing, water, electric, drainage, and all other necessary information
- b. Electrical service can be obtained from the Borough's Electrical Department
- c. Drainage and sewage information can be obtained from the Borough's Public Works Department

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**Office Use:**

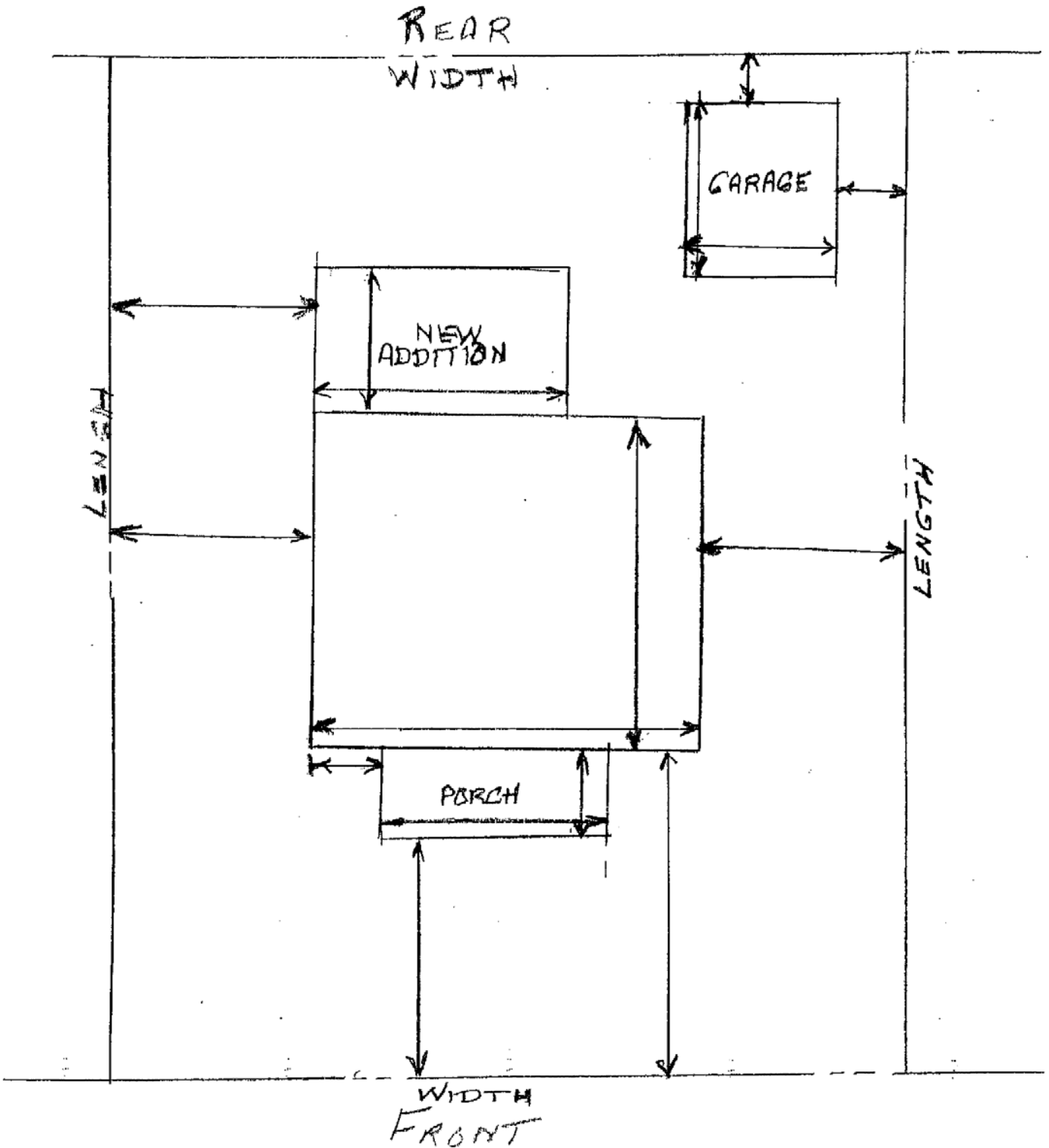
County Tax Identification Number: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Fee: \_\_\_\_\_

BOROUGH OF ELLWOOD CITY

SAMPLE OF PLOT PLAN FOR BLDG. PERMIT



**BOROUGH OF ELLWOOD CITY  
WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION**

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A. The applicant is:

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

\_\_\_\_\_ YES \_\_\_\_\_ NO

If the answer is "yes," complete Sections B and C below as appropriate.

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B. Insurance Information:

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification Number \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation.

***CERTIFICATE ATTACHED***

Name of Workers' Compensation Insurer \_\_\_\_\_

Workers Compensation Insurance Policy Number \_\_\_\_\_

***CERTIFICATE ATTACHED***

Policy Expiration Date \_\_\_\_\_

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C. Exemption:

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

\_\_\_\_\_ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Borough.

\_\_\_\_\_ Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_

(SEAL)

Signature of applicant \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

Municipality of \_\_\_\_\_